

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ¹²⁷
Registered No. ⁵¹⁰

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1 Shome Cottages St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Dominguez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Nov. 3 - 1928
Month Day Year

8. FATHER
Full name Juan Dominguez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Mex

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Eulalia Ramirez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Parral, Chih.
(State or country) Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 10¹⁵ P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D. Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Jan 2 1929 Registrar C. E. Drinn

449-1103-599